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Bib Data Sheet

CONFIRMATION NO. 4882

<b>SERIAL NUMBER</b> 09/389,085	<b>FILING DATE</b> 09/02/1999 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2644	<b>ATTORNEY DOCKET NO.</b> UNME-0019-1
<b>APPLICANTS</b> JOE H. MULLINS, ALBUQUERQUE, NM;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/098,998 09/03/1998 <i>JH</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b>				
<b>** 10/05/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>JH</i> Verified and Acknowledged <i>JH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Ajay A Jagtiani Jagtiani + Gutttag 1036-A Democracy Lane Fairfax ,VA 22030				
<b>TITLE</b> LOW FREQUENCY FEEDBACK CONTROLLED AUDIO SYSTEM				
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/389,085	FILING DATE 09/02/99	CLASS 381	GROUP ART UNIT 2747	ATTORNEY DOCKET NO. UNME-0019-1
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APPLICANT

JOE H. MULLINS, ALBUQUERQUE, NM.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/098,998 09/03/98

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/05/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NM	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

SEE CUSTOMER NUMBER: 022506

TITLE

LOW FREQUENCY FEEDBACK CONTROLLED AUDIO SYSTEM

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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